

# Work Order ID 163780

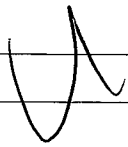
Monday, July 10, 2017 11:50:38 AM

**\*163780\***

Page 1

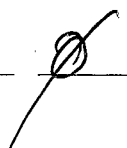
Item ID: D2530 Accept **\*N900040100\*** Setup Start **\*NS1\***  
 Revision ID: Stop **\*NS2\***  
 Item Name: Handle Weldment  
 Start Date: 7/24/2017 Start Qty: 4.00 **\*4\*** Cust Item ID:  
 Required Date: 8/2/2017 Req'd Qty: 4.00 **\*4\*** Customer:

Reference:

Approvals: Process Plan:  Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_ Run Start **\*NR1\***  
 QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_ Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

| Draw Nbr        | Revision Nbr                                                                            |      |  |  |  |  |  |  |  |
|-----------------|-----------------------------------------------------------------------------------------|------|--|--|--|--|--|--|--|
| D2530           | Rev B  |      |  |  |  |  |  |  |  |
| 100             |                                                                                         | 0.00 |  |  |  |  |  |  |  |
| <b>*100*</b>    | Small Fab                                                                               |      |  |  |  |  |  |  |  |
| Small Fab       | Memo                                                                                    | 0.84 |  |  |  |  |  |  |  |
| Small Fab       | 1-Cut to length as per Dwg D2530<br>2-Deburr                                            |      |  |  |  |  |  |  |  |
| 110             |                                                                                         | 0.00 |  |  |  |  |  |  |  |
| <b>*110*</b>    | QC5- Inspect part completeness to step on W/O                                           |      |  |  |  |  |  |  |  |
| QC              | Memo                                                                                    | 0.00 |  |  |  |  |  |  |  |
| Quality Control |                                                                                         |      |  |  |  |  |  |  |  |
| 120             |                                                                                         | 0.00 |  |  |  |  |  |  |  |
| <b>*120*</b>    | Weld per dwg A/R S.S. rod Batch: <u>136158</u>                                          |      |  |  |  |  |  |  |  |
| Large Fab       | Small Fab                                                                               | 0.80 |  |  |  |  |  |  |  |
| Large Fab       | Memo                                                                                    |      |  |  |  |  |  |  |  |
|                 | 1-Weld as per Dwg D2530 and QSI 004 using Welding Jig DT8301                            |      |  |  |  |  |  |  |  |

4  MLC  
 17-7-26  
 4 DAS  
 38  
 9-89  
 JUL 26 2017  
 4 AUG 01 2017 DAS  
 24  
 9-89

DQA: \_\_\_\_\_ Date: \_\_\_\_\_

**WORK ORDER NON-CONFORMANCE / UPDATE**

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                               | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><table style="width:100%; border: none;"> <tr> <td style="border: none;">Skid-tube <input type="checkbox"/></td> <td style="border: none;">Cross tube <input type="checkbox"/></td> <td style="border: none;">Water Jet <input type="checkbox"/></td> <td style="border: none;">Engineering <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Machining <input type="checkbox"/></td> <td style="border: none;">Small Fab <input type="checkbox"/></td> <td style="border: none;">Prod. Eng. Coord. <input type="checkbox"/></td> <td style="border: none;">Quality <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Thermoforming <input type="checkbox"/></td> <td style="border: none;">Finishing <input type="checkbox"/></td> <td style="border: none;">Rec/Store/Packaging <input type="checkbox"/></td> <td style="border: none;">Other <input type="checkbox"/></td> </tr> <tr> <td style="border: none;">Large Fab <input type="checkbox"/></td> <td style="border: none;">Composite <input type="checkbox"/></td> <td style="border: none;">Supplier <input type="checkbox"/></td> <td></td> </tr> </table> |                                             |                                 |                                   |                                                                                                                    |                                       | Skid-tube <input type="checkbox"/>     | Cross tube <input type="checkbox"/> | Water Jet <input type="checkbox"/>    | Engineering <input type="checkbox"/> | Machining <input type="checkbox"/> | Small Fab <input type="checkbox"/>       | Prod. Eng. Coord. <input type="checkbox"/>  | Quality <input type="checkbox"/>          | Thermoforming <input type="checkbox"/>    | Finishing <input type="checkbox"/> | Rec/Store/Packaging <input type="checkbox"/> | Other <input type="checkbox"/>               | Large Fab <input type="checkbox"/>  | Composite <input type="checkbox"/>           | Supplier <input type="checkbox"/>         |                                                |                                        |                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             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| Skid-tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Machining <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Small Fab <input type="checkbox"/>                         | Prod. 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Coord. <input type="checkbox"/>                                                                                                                                         | Quality <input type="checkbox"/>              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                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| Thermoforming <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Large Fab <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     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| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| <b>Root Cause</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Environment <input type="checkbox"/></td><td style="border: none;">No Re-verification <input type="checkbox"/></td></tr> <tr><td style="border: none;">Design <input type="checkbox"/></td><td style="border: none;">Operator <input type="checkbox"/></td></tr> <tr><td style="border: none;">Doc/Data <input type="checkbox"/></td><td style="border: none;">Offset/Setup <input type="checkbox"/></td></tr> <tr><td style="border: none;">Equip/Tooling <input type="checkbox"/></td><td style="border: none;">Supplier <input type="checkbox"/></td></tr> <tr><td style="border: none;">Handling/Pre <input type="checkbox"/></td><td style="border: none;">Training <input type="checkbox"/></td></tr> <tr><td style="border: none;">Material <input type="checkbox"/></td><td style="border: none;">Use for Testing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Internal Transport <input type="checkbox"/></td><td style="border: none;">Poor Information <input type="checkbox"/></td></tr> <tr><td style="border: none;">Tribal Knowledge <input type="checkbox"/></td><td style="border: none;">Rushing <input type="checkbox"/></td></tr> <tr><td style="border: none;">LOA <input type="checkbox"/></td><td style="border: none;">Product Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Substation <input type="checkbox"/></td><td style="border: none;">Process Improvement <input type="checkbox"/></td></tr> <tr><td style="border: none;">Past Expiry Date <input type="checkbox"/></td><td style="border: none;">Manufacturing Process <input type="checkbox"/></td></tr> <tr><td style="border: none;">Misidentified <input type="checkbox"/></td><td style="border: none;">Past Due <input type="checkbox"/></td></tr> </table> |                                                            |                                                                                                                                                                                    |                                               | Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | No Re-verification <input type="checkbox"/> | Design <input type="checkbox"/> | Operator <input type="checkbox"/> | Doc/Data <input type="checkbox"/>                                                                                  | Offset/Setup <input type="checkbox"/> | Equip/Tooling <input type="checkbox"/> | Supplier <input type="checkbox"/>   | Handling/Pre <input type="checkbox"/> | Training <input type="checkbox"/>    | Material <input type="checkbox"/>  | Use for Testing <input type="checkbox"/> | Internal Transport <input type="checkbox"/> | Poor Information <input type="checkbox"/> | Tribal Knowledge <input type="checkbox"/> | Rushing <input type="checkbox"/>   | LOA <input type="checkbox"/>                 | Product Improvement <input type="checkbox"/> | Substation <input type="checkbox"/> | Process Improvement <input type="checkbox"/> | Past Expiry Date <input type="checkbox"/> | Manufacturing Process <input type="checkbox"/> | Misidentified <input type="checkbox"/> | Past Due <input type="checkbox"/> | <b>FAULT CATEGORY</b><br><table style="width:100%; border: none;"> <tr><td style="border: none;">Pressure/Forced <input type="checkbox"/></td><td style="border: none;">Temperature/Cure <input type="checkbox"/></td><td style="border: none;">Power Loss/Surge <input type="checkbox"/></td><td style="border: none;">Positioned Wrong <input type="checkbox"/></td></tr> <tr><td style="border: none;">Bending <input type="checkbox"/></td><td style="border: none;">Set-up <input type="checkbox"/></td><td style="border: none;">Folio/Program <input type="checkbox"/></td><td style="border: none;">Outside Dimensions <input type="checkbox"/></td></tr> <tr><td style="border: none;">Centre Not Concentric <input type="checkbox"/></td><td style="border: none;">BOM/Route <input type="checkbox"/></td><td style="border: none;">Grain <input type="checkbox"/></td><td style="border: none;">Over/Under tolerance <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cracks <input type="checkbox"/></td><td style="border: none;">Broken/Damage/Defect <input type="checkbox"/></td><td style="border: none;">Weld <input type="checkbox"/></td><td style="border: none;">Part Incorrect <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crimp/Kink/Ripple/Wave <input type="checkbox"/></td><td style="border: none;">Inspection Incomplete/Unqualified <input type="checkbox"/></td><td style="border: none;">Wrong Stock Pulled <input type="checkbox"/></td><td style="border: none;">Part Lost/Missing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Cuffs <input type="checkbox"/></td><td style="border: none;">Contamination <input type="checkbox"/></td><td style="border: none;">Out of Sequence <input type="checkbox"/></td><td style="border: none;">Part Moved <input type="checkbox"/></td></tr> <tr><td style="border: none;">Crushing <input type="checkbox"/></td><td style="border: none;">Countersink <input type="checkbox"/></td><td style="border: none;">Off-set <input type="checkbox"/></td><td style="border: none;">Drawing <input type="checkbox"/></td></tr> <tr><td style="border: none;">Heat Treat <input type="checkbox"/></td><td style="border: none;">Cut Too Short <input type="checkbox"/></td><td style="border: none;">Mislabeled <input type="checkbox"/></td><td style="border: none;">Finish <input type="checkbox"/></td></tr> <tr><td style="border: none;">Wave/Twist in Tube <input type="checkbox"/></td><td style="border: none;">Instructions Incomplete/Unclear <input type="checkbox"/></td><td style="border: none;">Fit/Function <input type="checkbox"/></td><td style="border: none;">Misread <input type="checkbox"/></td></tr> <tr><td style="border: none;">Marks/Chatter <input type="checkbox"/></td><td style="border: none;">Drill Holes <input type="checkbox"/></td><td style="border: none;">Misaligned/off center <input type="checkbox"/></td><td style="border: none;">Turning Sequence <input type="checkbox"/></td></tr> </table> |  |  |  |  |  | Pressure/Forced <input type="checkbox"/> | Temperature/Cure <input type="checkbox"/> | Power Loss/Surge <input type="checkbox"/> | Positioned Wrong <input type="checkbox"/> | Bending <input type="checkbox"/> | Set-up <input type="checkbox"/> | Folio/Program <input type="checkbox"/> | Outside Dimensions <input type="checkbox"/> | Centre Not Concentric <input type="checkbox"/> | BOM/Route <input type="checkbox"/> | Grain <input type="checkbox"/> | Over/Under tolerance <input type="checkbox"/> | Cracks <input type="checkbox"/> | Broken/Damage/Defect <input type="checkbox"/> | Weld <input type="checkbox"/> | Part Incorrect <input type="checkbox"/> | Crimp/Kink/Ripple/Wave <input type="checkbox"/> | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/> | Part Lost/Missing <input type="checkbox"/> | Cuffs <input type="checkbox"/> | Contamination <input type="checkbox"/> | Out of Sequence <input type="checkbox"/> | Part Moved <input type="checkbox"/> | Crushing <input type="checkbox"/> | Countersink <input type="checkbox"/> | Off-set <input type="checkbox"/> | Drawing <input type="checkbox"/> | Heat Treat <input type="checkbox"/> | Cut Too Short <input type="checkbox"/> | Mislabeled <input type="checkbox"/> | Finish <input type="checkbox"/> | Wave/Twist in Tube <input type="checkbox"/> | Instructions Incomplete/Unclear <input type="checkbox"/> | Fit/Function <input type="checkbox"/> | Misread <input type="checkbox"/> | Marks/Chatter <input type="checkbox"/> | Drill Holes <input type="checkbox"/> | Misaligned/off center <input type="checkbox"/> | Turning Sequence <input type="checkbox"/> |
| Environment <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   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| Material <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Internal Transport <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Tribal Knowledge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Past Expiry Date <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| Misidentified <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Pressure/Forced <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               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                                                                       | Positioned Wrong <input type="checkbox"/>     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Bending <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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                                                                       | Outside Dimensions <input type="checkbox"/>   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| Centre Not Concentric <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Cracks <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        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| Cuffs <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| Crushing <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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| Heat Treat <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    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| Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| Marks/Chatter <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 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| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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**WORK ORDER NON-CONFORMANCE / UPDATE**

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Work Order update only ☐

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| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                                 |  |
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|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | QC / QA Coordinator<br>Approval                 |  |
| <b>Root Cause</b><br><div style="display: flex;"> <div style="flex: 1;">           Environment <input type="checkbox"/><br/>           Design <input type="checkbox"/><br/>           Doc/Data <input type="checkbox"/><br/>           Equip/Tooling <input type="checkbox"/><br/>           Handling/Pre <input type="checkbox"/><br/>           Material <input type="checkbox"/><br/>           Internal Transport <input type="checkbox"/><br/>           Tribal Knowledge <input type="checkbox"/><br/>           LOA <input type="checkbox"/><br/>           Substation <input type="checkbox"/><br/>           Past Expiry Date <input type="checkbox"/><br/>           Misidentified <input type="checkbox"/> </div> <div style="flex: 1;">           No Re-verification <input type="checkbox"/><br/>           Operator <input type="checkbox"/><br/>           Offset/Setup <input type="checkbox"/><br/>           Supplier <input type="checkbox"/><br/>           Training <input type="checkbox"/><br/>           Use for Testing <input type="checkbox"/><br/>           Poor Information <input type="checkbox"/><br/>           Rushing <input type="checkbox"/><br/>           Product Improvement <input type="checkbox"/><br/>           Process Improvement <input type="checkbox"/><br/>           Manufacturing Process <input type="checkbox"/><br/>           Past Due <input type="checkbox"/> </div> </div> |                                                                                                                                                                                    | <b>FAULT CATEGORY</b><br><div style="display: flex;"> <div style="flex: 1;">           Pressure/Forced <input type="checkbox"/><br/>           Bending <input type="checkbox"/><br/>           Centre Not Concentric <input type="checkbox"/><br/>           Cracks <input type="checkbox"/><br/>           Crimp/Kink/Ripple/Wave <input type="checkbox"/><br/>           Cuffs <input type="checkbox"/><br/>           Crushing <input type="checkbox"/><br/>           Heat Treat <input type="checkbox"/><br/>           Wave/Twist in Tube <input type="checkbox"/><br/>           Marks/Chatter <input type="checkbox"/> </div> <div style="flex: 1;">           Temperature/Cure <input type="checkbox"/><br/>           Set-up <input type="checkbox"/><br/>           BOM/Route <input type="checkbox"/><br/>           Broken/Damage/Defect <input type="checkbox"/><br/>           Inspection Incomplete/Unqualified <input type="checkbox"/><br/>           Contamination <input type="checkbox"/><br/>           Countersink <input type="checkbox"/><br/>           Cut Too Short <input type="checkbox"/><br/>           Instructions Incomplete/Unclear <input type="checkbox"/><br/>           Drill Holes <input type="checkbox"/> </div> <div style="flex: 1;">           Power Loss/Surge <input type="checkbox"/><br/>           Folio/Program <input type="checkbox"/><br/>           Grain <input type="checkbox"/><br/>           Weld <input type="checkbox"/><br/>           Wrong Stock Pulled <input type="checkbox"/><br/>           Out of Sequence <input type="checkbox"/><br/>           Off-set <input type="checkbox"/><br/>           Mislabeled <input type="checkbox"/><br/>           Fit/Function <input type="checkbox"/><br/>           Misaligned/off center <input type="checkbox"/> </div> <div style="flex: 1;">           Positioned Wrong <input type="checkbox"/><br/>           Outside Dimensions <input type="checkbox"/><br/>           Over/Under tolerance <input type="checkbox"/><br/>           Part Incorrect <input type="checkbox"/><br/>           Part Lost/Missing <input type="checkbox"/><br/>           Part Moved <input type="checkbox"/><br/>           Drawing <input type="checkbox"/><br/>           Finish <input type="checkbox"/><br/>           Misread <input type="checkbox"/><br/>           Turning Sequence <input type="checkbox"/> </div> </div> |  |                                                 |  |
| OTHER : <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                 |  |

**Work Order ID 163780**

Monday, July 10, 2017 11:50:38 AM

**\*163780\***

Page 3

Item ID: D2530

Accept

**\*N900040100\***Setup Start **\*NS1\***

Revision ID:

Stop **\*NS2\***

Item Name: Handle Weldment

Start Date: 7/24/2017 Start Qty: 4.00

**\*4\***

Cust Item ID:

Required Date: 8/2/2017 Req'd Qty: 4.00

**\*4\***

Customer:

Reference:

Approvals: Process Plan: \_\_\_\_\_ Date: \_\_\_\_\_ Tooling: \_\_\_\_\_ Date: \_\_\_\_\_

Run Start **\*NR1\***

QC: \_\_\_\_\_ Date: \_\_\_\_\_ SPC (Y/N): \_\_\_\_\_ Date: \_\_\_\_\_

Stop **\*NR2\***

| Sequence ID/<br>Work Center ID | Operation<br>Description                           | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp                   |
|--------------------------------|----------------------------------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------------------------|
| 160                            | QC3- Inspect Part Finish                           | 0.00                 |         |        |              |               |               |                  |                                  |
| <b>*160*</b>                   |                                                    |                      |         |        |              |               |               |                  |                                  |
| QC                             | Memo                                               | 0.04                 |         |        |              | 4             |               |                  | DAS<br>38<br>AUG 07 2017         |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                                  |
| 170                            | Identify as per dwg & Stock Location: <b>57379</b> | 0.00                 |         |        |              |               |               |                  |                                  |
| <b>*170*</b>                   |                                                    |                      |         |        |              |               |               |                  |                                  |
| Packaging                      | Memo                                               | 0.04                 |         |        |              | 4             |               |                  | DAS<br>26<br>9-89<br>AUG 08 2017 |
| Packaging                      |                                                    |                      |         |        |              |               |               |                  |                                  |
| 180                            | QC21- Final Inspection - Work Order Release        | 0.00                 |         |        |              |               |               |                  |                                  |
| <b>*180*</b>                   |                                                    |                      |         |        |              |               |               |                  |                                  |
| QC                             | Memo                                               | 0.40                 |         |        |              |               |               |                  | 17/8/10 J                        |
| Quality Control                |                                                    |                      |         |        |              |               |               |                  |                                  |

 AUG 08 2017

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
|--------------------------------------------------------------|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|--|-----------------------|----------------------------------------------|--|
| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____ |                                                | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                                                            | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                                               |  |                       |                                              |  |
| Date :                                                       |                                                | Step #:                                                                                                                                                                            |                                                            | QTY Effective :                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  | MRB (QSI042) Approval |                                              |  |
| Description Work Order Deviation                             |                                                |                                                                                                                                                                                    |                                                            | Disposition                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                               |  |                       | Completed By                                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | Lead hand / Supervisor Approval Verification |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       | QC / QA Coordinator Approval                 |  |
|                                                              |                                                |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Root Cause                                                   |                                                | FAULT CATEGORY                                                                                                                                                                     |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Environment <input type="checkbox"/>                         | No Re-verification <input type="checkbox"/>    | Pressure/Forced <input type="checkbox"/>                                                                                                                                           | Temperature/Cure <input type="checkbox"/>                  | Power Loss/Surge <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Positioned Wrong <input type="checkbox"/>     |  |                       |                                              |  |
| Design <input type="checkbox"/>                              | Operator <input type="checkbox"/>              | Bending <input type="checkbox"/>                                                                                                                                                   | Set-up <input type="checkbox"/>                            | Folio/Program <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Outside Dimensions <input type="checkbox"/>   |  |                       |                                              |  |
| Doc/Data <input type="checkbox"/>                            | Offset/Setup <input type="checkbox"/>          | Centre Not Concentric <input type="checkbox"/>                                                                                                                                     | BOM/Route <input type="checkbox"/>                         | Grain <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Over/Under tolerance <input type="checkbox"/> |  |                       |                                              |  |
| Equip/Tooling <input type="checkbox"/>                       | Supplier <input type="checkbox"/>              | Cracks <input type="checkbox"/>                                                                                                                                                    | Broken/Damage/Defect <input type="checkbox"/>              | Weld <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Part Incorrect <input type="checkbox"/>       |  |                       |                                              |  |
| Handling/Pre <input type="checkbox"/>                        | Training <input type="checkbox"/>              | Crimp/Kink/Ripple/Wave <input type="checkbox"/>                                                                                                                                    | Inspection Incomplete/Unqualified <input type="checkbox"/> | Wrong Stock Pulled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Part Lost/Missing <input type="checkbox"/>    |  |                       |                                              |  |
| Material <input type="checkbox"/>                            | Use for Testing <input type="checkbox"/>       | Cuffs <input type="checkbox"/>                                                                                                                                                     | Contamination <input type="checkbox"/>                     | Out of Sequence <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Part Moved <input type="checkbox"/>           |  |                       |                                              |  |
| Internal Transport <input type="checkbox"/>                  | Poor Information <input type="checkbox"/>      | Crushing <input type="checkbox"/>                                                                                                                                                  | Countersink <input type="checkbox"/>                       | Off-set <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Drawing <input type="checkbox"/>              |  |                       |                                              |  |
| Tribal Knowledge <input type="checkbox"/>                    | Rushing <input type="checkbox"/>               | Heat Treat <input type="checkbox"/>                                                                                                                                                | Cut Too Short <input type="checkbox"/>                     | Mislabeled <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Finish <input type="checkbox"/>               |  |                       |                                              |  |
| LOA <input type="checkbox"/>                                 | Product Improvement <input type="checkbox"/>   | Wave/Twist in Tube <input type="checkbox"/>                                                                                                                                        | Instructions Incomplete/Unclear <input type="checkbox"/>   | Fit/Function <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Misread <input type="checkbox"/>              |  |                       |                                              |  |
| Substation <input type="checkbox"/>                          | Process Improvement <input type="checkbox"/>   | Marks/Chatter <input type="checkbox"/>                                                                                                                                             | Drill Holes <input type="checkbox"/>                       | Misaligned/off center <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Turning Sequence <input type="checkbox"/>     |  |                       |                                              |  |
| Past Expiry Date <input type="checkbox"/>                    | Manufacturing Process <input type="checkbox"/> | OTHER : _____                                                                                                                                                                      |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |
| Misidentified <input type="checkbox"/>                       | Past Due <input type="checkbox"/>              |                                                                                                                                                                                    |                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                               |  |                       |                                              |  |

# Picklist Print

Monday, July 10, 2017 11:50:36 AM

Page 1

Work Order ID: 163780

\*163780\*

Parent Item: D2530

\*D2530\*

Parent Item Name: Handle Weldment

Start Date: 7/24/2017

Required Date: 8/2/2017

Start Qty: 4.00

Required Qty: 4.00

Comments: IPP Rev:E Removed Purchasing 05-11-07 JLM IPP Rev:F  
11.01.07 chg qc 5 to 6 DD verf:EC

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| M304TR0.750W.049                |                        | Purchased     | No          |                     |                  | 100             | f                  | 67.6590        | 2.9145      | 12.27158     |               |                |        |

\*M304TR0 750W 049\*

304 RD Tube .750 x .049W

\*\*

NCC

17-7-26

| Location    | Loc Qty    | Loc Code |
|-------------|------------|----------|
| GA002       | 67.6589922 |          |
| M135709     | 0.0000037  |          |
| M136943     | 0.000158   |          |
| M137091     | 0.0065145  |          |
| M137286     | 9.257316   |          |
| 13x M137477 | 6.996      |          |
| 3x M137623  | 19.492     |          |
| M137761     | 31.907     |          |

9,225 \$  
3,075 \$

D2534

Manufactured No

120 Each 20.0000

\*\* 2 8  
AUG 01 2017

DAS  
24  
9-89

\*D2534\*

Lock Plate

| Location | Loc Qty | Loc Code |
|----------|---------|----------|
| WA001    | 17      |          |
| 160461   | 17      |          |
| WA004    | 3       |          |
| 156838   | 3       |          |

B164490 → 6

2

DQA: \_\_\_\_\_ Date: \_\_\_\_\_



## WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: \_\_\_\_\_ Date: \_\_\_\_\_

Work Order update only ☐

| Work Order: _____<br><br>Part No. _____<br><br>NCR No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | <b>DISPOSITION</b><br><br>Rework <input type="checkbox"/><br>Scrap <input type="checkbox"/><br>Use-as-is <input type="checkbox"/><br>Suspected Unapproved <input type="checkbox"/> |                       | <b>AGAINST DEPARTMENT/PROCESS</b><br><br><div style="display: flex; justify-content: space-between;"> <div>           Skid-tube <input type="checkbox"/><br/>           Machining <input type="checkbox"/><br/>           Thermoforming <input type="checkbox"/><br/>           Large Fab <input type="checkbox"/> </div> <div>           Cross tube <input type="checkbox"/><br/>           Small Fab <input type="checkbox"/><br/>           Finishing <input type="checkbox"/><br/>           Composite <input type="checkbox"/> </div> <div>           Water Jet <input type="checkbox"/><br/>           Prod. Eng. Coord. <input type="checkbox"/><br/>           Rec/Store/Packaging <input type="checkbox"/><br/>           Supplier <input type="checkbox"/> </div> <div>           Engineering <input type="checkbox"/><br/>           Quality <input type="checkbox"/><br/>           Other <input type="checkbox"/> </div> </div> |                        |                          |                                   |                          |                       |                                              |                      |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |                    |                          |                          |                  |                          |          |                          |             |                          |         |                          |         |                  |                          |                          |         |                          |            |                          |               |                          |            |                          |        |     |                          |                          |                     |                          |                    |                          |                                 |                          |              |                          |         |            |                          |                          |                     |                          |               |                          |             |                          |                       |                          |                  |                  |                          |                          |                       |               |  |  |  |  |  |  |  |               |                          |                          |          |
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| Date : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                          | Step #: _____                                                                                                                                                                      |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | QTY Effective : _____  |                          |                                   |                          | MRB (QS1042) Approval |                                              |                      |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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    |                  |                  |                          |                          |                       |               |  |  |  |  |  |  |  |               |                          |                          |          |
| Description Work Order Deviation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                          |                                                                                                                                                                                    |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Disposition            |                          |                                   |                          |                       | Completed By                                 |                      |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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    |                  |                  |                          |                          |                       |               |  |  |  |  |  |  |  |               |                          |                          |          |
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| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="4" style="text-align: left;">Root Cause</th> <th colspan="8" style="text-align: left;">FAULT CATEGORY</th> </tr> </thead> <tbody> <tr> <td>Environment</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>No Re-verification</td> <td><input type="checkbox"/></td><td>Pressure/Forced</td> <td><input type="checkbox"/></td><td>Temperature/Cure</td> <td><input type="checkbox"/></td><td>Power Loss/Surge</td> <td><input type="checkbox"/></td><td>Positioned Wrong</td> </tr> <tr> <td>Design</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Operator</td> <td><input type="checkbox"/></td><td>Bending</td> <td><input type="checkbox"/></td><td>Set-up</td> <td><input type="checkbox"/></td><td>Folio/Program</td> <td><input type="checkbox"/></td><td>Outside Dimensions</td> </tr> <tr> <td>Doc/Data</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Offset/Setup</td> <td><input type="checkbox"/></td><td>Centre Not Concentric</td> <td><input type="checkbox"/></td><td>BOM/Route</td> <td><input type="checkbox"/></td><td>Grain</td> <td><input type="checkbox"/></td><td>Over/Under tolerance</td> </tr> <tr> <td>Equip/Tooling</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Supplier</td> <td><input type="checkbox"/></td><td>Cracks</td> <td><input type="checkbox"/></td><td>Broken/Damage/Defect</td> <td><input type="checkbox"/></td><td>Weld</td> <td><input type="checkbox"/></td><td>Part Incorrect</td> </tr> <tr> <td>Handling/Pre</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Training</td> <td><input type="checkbox"/></td><td>Crimp/Kink/Ripple/Wave</td> <td><input type="checkbox"/></td><td>Inspection Incomplete/Unqualified</td> <td><input type="checkbox"/></td><td>Wrong Stock Pulled</td> <td><input type="checkbox"/></td><td>Part Lost/Missing</td> </tr> <tr> <td>Material</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Use for Testing</td> <td><input type="checkbox"/></td><td>Cuffs</td> <td><input type="checkbox"/></td><td>Contamination</td> <td><input type="checkbox"/></td><td>Out of Sequence</td> <td><input type="checkbox"/></td><td>Part Moved</td> </tr> <tr> <td>Internal Transport</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Poor Information</td> <td><input type="checkbox"/></td><td>Crushing</td> <td><input type="checkbox"/></td><td>Countersink</td> <td><input type="checkbox"/></td><td>Off-set</td> <td><input type="checkbox"/></td><td>Drawing</td> </tr> <tr> <td>Tribal Knowledge</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Rushing</td> <td><input type="checkbox"/></td><td>Heat Treat</td> <td><input type="checkbox"/></td><td>Cut Too Short</td> <td><input type="checkbox"/></td><td>Mislabeled</td> <td><input type="checkbox"/></td><td>Finish</td> </tr> <tr> <td>LOA</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Product Improvement</td> <td><input type="checkbox"/></td><td>Wave/Twist in Tube</td> <td><input type="checkbox"/></td><td>Instructions Incomplete/Unclear</td> <td><input type="checkbox"/></td><td>Fit/Function</td> <td><input type="checkbox"/></td><td>Misread</td> </tr> <tr> <td>Substation</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Process Improvement</td> <td><input type="checkbox"/></td><td>Marks/Chatter</td> <td><input type="checkbox"/></td><td>Drill Holes</td> <td><input type="checkbox"/></td><td>Misaligned/off center</td> <td><input type="checkbox"/></td><td>Turning Sequence</td> </tr> <tr> <td>Past Expiry Date</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Manufacturing Process</td> <td colspan="8" rowspan="2" style="text-align: center; vertical-align: top;">OTHER : _____</td> </tr> <tr> <td>Misidentified</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Past Due</td> </tr> </tbody> </table> |                          |                                                                                                                                                                                    |                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                        |                          |                                   |                          |                       |                                              |                      | Root Cause |  |  |  | FAULT CATEGORY |  |  |  |  |  |  |  | Environment | <input type="checkbox"/> | <input type="checkbox"/> | No Re-verification | <input type="checkbox"/> | Pressure/Forced | <input type="checkbox"/> | Temperature/Cure | <input type="checkbox"/> | Power Loss/Surge | <input type="checkbox"/> | Positioned Wrong | Design | <input type="checkbox"/> | <input type="checkbox"/> | Operator | <input type="checkbox"/> | Bending | <input type="checkbox"/> | Set-up | <input type="checkbox"/> | Folio/Program | <input type="checkbox"/> | Outside Dimensions | Doc/Data | <input type="checkbox"/> | <input type="checkbox"/> | Offset/Setup | <input type="checkbox"/> | Centre Not Concentric | <input type="checkbox"/> | BOM/Route | <input type="checkbox"/> | Grain | <input type="checkbox"/> | Over/Under tolerance | Equip/Tooling | <input type="checkbox"/> | <input type="checkbox"/> | Supplier | <input type="checkbox"/> | Cracks | <input type="checkbox"/> | Broken/Damage/Defect | <input type="checkbox"/> | Weld | <input type="checkbox"/> | Part Incorrect | Handling/Pre | <input type="checkbox"/> | <input type="checkbox"/> | Training | <input type="checkbox"/> | Crimp/Kink/Ripple/Wave | <input type="checkbox"/> | Inspection Incomplete/Unqualified | <input type="checkbox"/> | Wrong Stock Pulled | <input type="checkbox"/> | Part Lost/Missing | Material | <input type="checkbox"/> | <input type="checkbox"/> | Use for Testing | <input type="checkbox"/> | Cuffs | <input type="checkbox"/> | Contamination | <input type="checkbox"/> | Out of Sequence | <input type="checkbox"/> | Part Moved | Internal Transport | <input type="checkbox"/> | <input type="checkbox"/> | Poor Information | <input type="checkbox"/> | Crushing | <input type="checkbox"/> | Countersink | <input type="checkbox"/> | Off-set | <input type="checkbox"/> | Drawing | Tribal Knowledge | <input type="checkbox"/> | <input type="checkbox"/> | Rushing | <input type="checkbox"/> | Heat Treat | <input type="checkbox"/> | Cut Too Short | <input type="checkbox"/> | Mislabeled | <input type="checkbox"/> | Finish | LOA | <input type="checkbox"/> | <input type="checkbox"/> | Product Improvement | <input type="checkbox"/> | Wave/Twist in Tube | <input type="checkbox"/> | Instructions Incomplete/Unclear | <input type="checkbox"/> | Fit/Function | <input type="checkbox"/> | Misread | Substation | <input type="checkbox"/> | <input type="checkbox"/> | Process Improvement | <input type="checkbox"/> | Marks/Chatter | <input type="checkbox"/> | Drill Holes | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/> | Turning Sequence | Past Expiry Date | <input type="checkbox"/> | <input type="checkbox"/> | Manufacturing Process | OTHER : _____ |  |  |  |  |  |  |  | Misidentified | <input type="checkbox"/> | <input type="checkbox"/> | Past Due |
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                                                                                                                                                                                      | Cuffs                  | <input type="checkbox"/> | Contamination                     | <input type="checkbox"/> | Out of Sequence       | <input type="checkbox"/>                     | Part Moved           |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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    |                  |                  |                          |                          |                       |               |  |  |  |  |  |  |  |               |                          |                          |          |
| Internal Transport                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                           | Poor Information      | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Crushing               | <input type="checkbox"/> | Countersink                       | <input type="checkbox"/> | Off-set               | <input type="checkbox"/>                     | Drawing              |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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| Tribal Knowledge                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                           | Rushing               | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Heat Treat             | <input type="checkbox"/> | Cut Too Short                     | <input type="checkbox"/> | Mislabeled            | <input type="checkbox"/>                     | Finish               |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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    |                  |                  |                          |                          |                       |               |  |  |  |  |  |  |  |               |                          |                          |          |
| LOA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                           | Product Improvement   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Wave/Twist in Tube     | <input type="checkbox"/> | Instructions Incomplete/Unclear   | <input type="checkbox"/> | Fit/Function          | <input type="checkbox"/>                     | Misread              |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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    |                  |                  |                          |                          |                       |               |  |  |  |  |  |  |  |               |                          |                          |          |
| Substation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                           | Process Improvement   | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Marks/Chatter          | <input type="checkbox"/> | Drill Holes                       | <input type="checkbox"/> | Misaligned/off center | <input type="checkbox"/>                     | Turning Sequence     |            |  |  |  |                |  |  |  |  |  |  |  |             |                          |                          |                    |                          |                 |                          |                  |                          |                  |                          |                  |        |                          |                          |          |                          |         |                          |        |                          |               |                          |                    |          |                          |                          |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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    |                  |                  |                          |                          |                       |               |  |  |  |  |  |  |  |               |                          |                          |          |
| Past Expiry Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input type="checkbox"/> | <input type="checkbox"/>                                                                                                                                                           | Manufacturing Process | OTHER : _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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                         |              |                          |                       |                          |           |                          |       |                          |                      |               |                          |                          |          |                          |        |                          |                      |                          |      |                          |                |              |                          |                          |          |                          |                        |                          |                                   |                          |                    |                          |                   |          |                          |                          |                 |                          |       |                          |               |                          |                 |                          |            |    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| Misidentified                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          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